

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90037 022 ***150.00

DOCUMENT # P00000116939

1. Entity Name

BAY AREA BAIL BONDS AND INVESTIGATIONS, INC.

Principal Place of Business

**3000 GULF TO BAY BLVD., STE. 206
 CLEARWATER FL 33759**

Mailing Address

**3000 GULF TO BAY BLVD., STE. 206
 CLEARWATER FL 33759**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 Gulf to Bay Blvd.

Suite, Apt. #, etc.

Ste. 103

City & State

Clearwater, FL

Zip

34698

Country

USA

3. Mailing Address

3000 Gulf to Bay Blvd.

Suite, Apt. #, etc.

Ste. 200

City & State

Clearwater, FL

Zip

34698

Country

USA

4. FEI Number

ETN 30-0043146

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARMICHAEL, RUSSELL

3000 GULF TO BAY BLVD., STE. 206

CLEARWATER FL 33759

Name

Carmichael, Russell

Street Address (P.O. Box Number is Not Acceptable)

3000 Gulf to Bay Blvd.

Ste. 103

City

Clearwater

FL

Zip Code

33759

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **CARMICHAEL, RUSSELL**
 STREET ADDRESS **3000 GULF TO BAY BLVD., STE. 206**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02
 Date

Daytime Phone #

CR2E034 (9/01)